

<b>Case Number:</b>	CM14-0006649		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/25/2002
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46-year-old male who reported injury on 06/25/2002. The mechanism of injury was not provided. The clinical documentation indicated the claimant's medication history included Norco, tramadol, Prilosec, and muscle relaxants as of 06/2013. The documentation of 10/16/2013 revealed the claimant had continued back pain radiating into the bilateral lower extremities. The diagnoses included chronic pain syndrome, L3-4, L4-5, and L5-S1 disc injury, L5-S1 spondylolisthesis, morbid obesity, status post gastric bypass surgery complicated by infection, status post body mass reduction surgery, adjustment disorder with anxiety and mood compensation, dental injury, urologic problems, gastroesophageal reflux disease, irritable bowel syndrome, and sleep disorder. The treatment plan included Tizanidine 4 mg #60 one by mouth 2 times a day, Lorazepam 4 mg 1 by mouth q. day, and Ultram 50 mg #90 one by mouth q. 6 hours as needed for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**TIZANIDINE 4 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the employee had been utilizing the medication for greater than 4 months. There was a lack of documentation of objective functional improvement. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendation of usage for less than 3 weeks. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tizanidine 4 Mg #60 is not medically necessary and appropriate.